

**FULL TIME REDUCED HOURS EMPLOYEES  
HEALTH INSURANCE RATES  
July 1, 2019 - June 30, 2020**

	25 hrs/wk	27.5 hrs/wk	30 hrs/wk	32 hrs/wk	35 hrs/wk
	40%	38%	36%	34%	32%
<b>CareFirst BlueChoice Advantage &amp; CF Select Vision</b>					
Individual	\$150.11	\$142.60	\$135.10	\$127.59	\$120.08
Employee + Child	\$260.80	\$247.76	\$234.72	\$221.68	\$208.64
Employee + Spouse	\$312.37	\$296.75	\$281.13	\$265.52	\$249.90
Family	\$367.23	\$348.87	\$330.51	\$312.15	\$293.78
<b>CareFirst BlueChoice HMO Open Access &amp; CF Select Vision</b>					
Individual	\$103.89	\$98.70	\$93.50	\$88.31	\$83.11
Employee + Child	\$197.43	\$187.55	\$177.68	\$167.81	\$157.94
Employee + Spouse	\$238.95	\$227.00	\$215.05	\$203.11	\$191.16
Family	\$311.68	\$296.10	\$280.51	\$264.93	\$249.35
<b>CareFirst PPO Dental</b>					
Individual	\$8.39	\$7.97	\$7.55	\$7.13	\$6.72
Employee + Child	\$12.82	\$12.18	\$11.54	\$10.90	\$10.26
Employee + Spouse	\$19.26	\$18.30	\$17.33	\$16.37	\$15.41
Family	\$25.19	\$23.93	\$22.67	\$21.41	\$20.15
<b>Delta Dental PPO/Preferred</b>					
Individual	\$7.26	\$6.90	\$6.53	\$6.17	\$5.81
Employee + Child	\$11.53	\$10.95	\$10.38	\$9.80	\$9.22
Employee + Spouse	\$17.11	\$16.26	\$15.40	\$14.55	\$13.69
Family	\$22.23	\$21.12	\$20.01	\$18.89	\$17.78